

STATUS REPORT

Date: 2 January 1962

Indispensable Records for Emergency Use

TO: Office of Records Management, National Archives and Records Service
General Services Administration, Washington 25, D. C.

FROM: Central Intelligence Agency _____
(Department or Agency) (Major Bureau or Office)

1.a. Location: (X) Special Records Depository or () Key Field Office

Classified Information _____
(Room number, street address) (City and State)

- b. Have agency relocation officer and the security officer approved this location? Yes
- c. Have practical arrangements been completed for making the records available to agency personnel at the relocation site in case of emergency? Yes
- d. If reliance is placed on assembling duplicates now located in field offices, so indicate No. In such event officials names in paragraph 4 must be cognizant of plans.
2. Brief identification of records at each location: Records essential for continuing Agency operations in an emergency. Additional information is classified.
3. Has this selection of indispensable records been reviewed within the last 6 months in the light of determinations of essential functions in an emergency and of protection of legal and other rights? Yes
4. Officials authorized to make records available but within security regulations:

a. In Washington (two officials cognizant of plans)

| | | |
|------------------------------------|------------------------------------|------|
| <u> </u> | <u> </u> | STAT |
| (Name) | (Name) | |
| 2430 E Street, N.W. | 2430 E Street, N.W. | |
| Washington, D.C. <u> </u> | Washington, D.C. <u> </u> | STAT |
| (Business Address, phone number) | (Business Address, phone number) | |
| <u> </u> | <u> </u> | STAT |
| (Home Address, phone number) | (Home Address, phone number) | |

b. Outside Washington (two officials at different locations cognizant of plans)

| | |
|----------------------------------|----------------------------------|
| (Classified Information) | |
| <u> </u> | <u> </u> |
| (Name) | (Name) |
| <u> </u> | <u> </u> |
| (Business address, phone number) | (Business address, phone number) |
| <u> </u> | <u> </u> |
| (Home address, phone number) | (Home address, phone number) |

5. Is your agency's program in full operation and now capable of meeting emergency requirement? ☒ Yes ☐ No (If answer is no, indicate factors causing delay, and estimated date of readiness on reverse side.)
6. A copy of this report has been forwarded to the officials named in paragraph 4-b.

REPORTED BY:
(Name and Title)

Code and Extension

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